

KINGSTON PLANNING BOARD
City Hall, 420 Broadway, Kingston, New York 12401 (845) 334-3955
APPLICATION FOR SPECIAL PERMIT OR SITE PLAN REVIEW

(This section to be completed by applicant)

Project location (street address) _____

Property Tax Map ID # (SBL): _____

Name of applicant: _____

Applicant Phone #: () _____ Fax #: () _____ E-Mail: _____

Mailing address of applicant: _____

Name and address of owner (if different from applicant): _____

Project use and/or description of improvement: _____

As owner of property, I hereby grant permission to City and Planning Board members to enter property in question for purposes of inspection for planning review.

Note: If more than one property owner is involved, all must acknowledge application by original signature.

Name of current Property Owner (Please Print): _____

Phone #: () _____ Fax #: () _____ E-Mail: _____

Signature of Owner: _____

**** ATTACH THREE (3) COPIES OF SITE DEVELOPMENT PLAN ****

(This section for office use only)

Date received: _____ Referrals: _____

Application fee: _____

Zoning District: _____ Ward: _____

Sec./Blk./Lot: _____/_____/_____

SEQRA: _____

Date of Public Notice: _____ Date of Public Hearing: _____

jas/pb4